

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1214SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2009
NAME OF PROVIDER OR SUPPLIER VEGAS VALLEY REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure focused survey conducted in your facility on 08/19/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	Z 000		
Z433 SS=E	NAC 449.74531 Pharmaceutical Services 4. Drugs and biologicals used by a facility must be: (a) Labeled in accordance with state and federal law and accepted professional standards. Each label must include the appropriate accessory and cautionary instructions and the expiration date, if applicable. (b) Stored in accordance with state and federal law in locked compartments with proper controls for the temperature. Only authorized personnel may have access to the keys to unlock the compartments. Substances listed as schedule II controlled substances pursuant to chapter 453 of NRS and other drugs that have the potential for abuse must be stored separately in a locked compartment that is immovable, unless the facility uses a system to distribute the substances or drugs in single-unit packages, the quantity stored is minimal and a dosage that is missing can be readily detected. This Regulation is not met as evidenced by: Based on observation, interview and document	Z433		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z433	<p>Continued From page 1</p> <p>review the facility failed to prevent the potential use of expired medications by not labeling opened vials and discarding expired medication in accordance with the facility's medication policy and procedure and accepted professional standards of practice as follows:</p> <p>1. Six opened Insulin vials with the contents partially used were located inside the facility's medication room refrigerator. No date when opened or the nurse's initials was documented on the vials per facility policy that each opened Insulin vial must be labeled with a 28 day expiration date.</p> <p>2. One bottle of Bisacodyl 5 mg laxative tablets with an expiration date of 03/09 was observed in a medication room cabinet.</p> <p>Severity: 2 Scope: 2</p>	Z433			

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